

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED  
FEC MAIL CENTER

2016 JUL 15 AM 9:57

1. (a) Name of Individual, Organization or Corporation <i>New Deal For America</i>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>43 Barr Farm Road</i>	
(c) City, State and ZIP Code <i>Bedford, NH, 03110</i>	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number <b>C00608396</b>

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

M M M /  D D D /  Y Y Y Y Y Y

5. COVERING PERIOD:

FROM  M M /  D D /  Y Y Y Y  
THROUGH  M M /  D D /  Y Y Y Y  
*04 / 01 / 2016*  
*06 / 30 / 2016*

6. TOTAL CONTRIBUTIONS.....

*\$0*

**0.00**

7. TOTAL INDEPENDENT EXPENDITURES.....

*\$0*

**0.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*Stevan Tempesta*

*Stevan Tempesta*

*7/14/16*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

201607150900041000

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)

<b>A. Full Name (Last, First, Middle Initial)</b>		Date of Receipt	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer	Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b>		Date of Receipt	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer	Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b>		Date of Receipt	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer	Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b>		Date of Receipt	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer	Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	▶	

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Date Accepted (MM/DD/YY) 10/02/15	Scheduled Delivery Time 10:30 AM - 3:00 PM	Return Receipt Fee \$	Live Animal Transportation Fee \$
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UNITED STATES

Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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 PREPARER  
 (3/2015)

**7/15/16**  
 DATE PREPARED

20160715 10:00:00 AM